

Guidebook for Hips



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Section One:

Introduction to the Joints Plus Program

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Welcome

We are pleased that you have chosen Sutter Santa Rosa Regional Hospital's **JOINTS PLUS** Program. Your decision to have elective joint replacement surgery is the first step towards a healthier lifestyle.

Each year, more than 700,000 people make the decision to undergo joint replacement surgery. The surgery aims to relieve your pain, restore your independence, and return you to work and other daily activities.



The program is designed to return you to an active lifestyle as quickly as possible. Most patients will be able to walk within the first 24 hours after surgery, and move towards normal activity in six to twelve weeks.

JOINTS PLUS has implemented a comprehensive course of treatment. We believe that you play a key role in promoting a successful recovery. Our goal is to involve you in your treatment through each step of the process. This guide will give you the necessary information to promote a more successful surgical outcome.

Your team includes physicians, physician assistants, nurses, physical and occupational therapists specializing in total joint care. Every detail, from pre-operative teaching to post-operative exercising, is considered and reviewed with you.

Using the Guidebook

Preparation, education, continuity of care, and a pre-planned discharge are essential for optimum results in joint surgery. Communication is essential to this process. The Guidebook is a communication tool for patients, physicians, physical and occupational therapists, and nurses. It is designed to educate you so that you know:

- What to expect every step of the way
- What you need to do
- How to care for your new joint

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Remember, this is just a guide. Your physician, physician's assistant, nurses, or therapist may add to or change any of the recommendations. Always use their recommendations first and ask questions if you are unsure of any information. Keep your Guidebook as a handy reference for at least the first year after your surgery. The information in the Guidebook covers a lot of details, so it may look overwhelming. As it will assist you with your surgery, we highly recommend reading the entire guide, at a pace that suits you.

Overview of the Joints Plus Program

We offer a unique program. Each step is designed to encourage the best results leading to a discharge from the hospital one to three days after surgery. Features of the program include:

- Dedicated nurses and therapists trained to work with joint patients
- Private Rooms
- Room service for your meals
- Emphasis on group activities
- Family and friends participating as “coaches” in the recovery process
- A comprehensive patient guide to follow from 4-6 weeks before surgery until three months after surgery and beyond
- Quarterly luncheons for former patients and coaches
- Educational seminars
- Casual clothes during your hospital stay - Shorts, loose fitting pants and t-shirts are preferable





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Your Joint Replacement Team

Orthopedic Surgeon

The Orthopedic Surgeon is the skilled physician who will perform the procedure to repair your damaged joint.

Hospitalist

The Hospitalist is a medical doctor dedicated to the delivery of comprehensive medical care to hospitalized patients. Your Orthopedists may ask one of the Hospitalist doctors to see you during your stay at the hospital and help with the management of any pre-existing conditions.

Discharge Planner/Case Manager

The case manager will collaborate with your treatment team to identify your discharge needs. The case manager will refer you to appropriate services and resources that will be needed for your optimal recovery.

Registered Nurse (RN)

Much of your care will be provided by a nurse responsible for your daily care. Your nurse will assure orders given by your physician are completed, including medications and monitoring your vital signs.

Physical Therapist (PT)

The physical therapist will assist you in returning to functional activities and hobbies. They will train you and your coach in safe transfer techniques, provide gait training and stair training and teach exercises designed to regain your strength and mobility.

Occupational Therapist (OT)

Your occupational therapist will educate/train you in techniques to allow maximal independence and safety when performing your daily activities (such as bathing, toileting, and dressing) with your new joint replacement. Your occupational therapist will also train you in the use of special equipment (if needed) and provide home recommendations that will help you to regain independence with your daily activities.



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Your Joint Care Coordinator

The Joint Care Coordinator will be responsible and act as a liaison for your care needs from the surgeon's office, to the hospital, and home. The Joint Care Coordinator will:

- Review what you'll need at home after your surgery, including support if required.
- Coordinate your discharge plan to home or to a Skilled Nursing Facility (SNF) for continued rehabilitation.
- Act as your advocate throughout the course of treatment from surgery to discharge.
- Answer questions and coordinate your hospital care with Joints Plus team members.
- Direct you to available resources as needed.



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Section Two:

Preparing for Surgery

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YOUR JOINT REPLACEMENT CALENDAR

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Week 6				
Week 5				
Week 4				
Week 3				
Week 2				
Week 1				



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Six Weeks before Surgery

- **Pre-operative Joint Class:** Call to register for your pre-operative joint class at Sutter Santa Rosa Regional Hospital at **(707) 576-4956**. The pre-operative joint class is a special class held bi-monthly for patients scheduled for joint surgery. You will only need to attend one class. The class will give patients the opportunity to find out more information about the Joints Plus program. Members of the team will also be there to answer your questions. It is strongly suggested that you bring a family member or friend to act as your “coach.” The coach’s role will be explained in the class. If it is not possible for you to attend, please inform the Joint Care Coordinator. The outline of the class is as follows:
 - Meet Joints Plus team
 - What to expect before, during, and after surgery
 - What to expect from your “Coach”/Caregiver
 - Post operative pain management
 - Reviewing your pre-operative exercises
 - Learn your breathing exercises
 - Learn about assistive devices
 - Discharge Planning/Discharge options
 - Complete Pre-op home assessment form
 - Tour the center for Joint Replacement
- **Pre-admit Appointment:** Call to register for your pre-admit appointment at Sutter Santa Rosa Regional Hospital at **(707) 576-4460**. Note: Please bring your completed medication list located on page 18 to your pre-admit appointment.
- Schedule **all** appointments recommended by your orthopedic surgeon for surgical clearance.

You may call the Joint Care Coordinator with any questions or concerns at (707) 576-4956.

Planning Ahead

Understanding your plan for discharge from the hospital is an important task in the recovery process. Your joints plus team will help to develop a plan that meets your particular needs. Most patients should expect to go directly home. It is usually best to recover in the privacy and comfort of your own surroundings.

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Obtain Medical and Anesthesia Clearance

Your surgeon will inform you whether you need to see your primary care physician and/ or other specialists. If you need to see your primary care doctor, it will be for a pre-operative medical clearance (This is in addition to seeing your surgeon Pre-operatively). The anesthesiologist may order additional physician consults after discussing your medical history.



Obtain Laboratory Tests

Your Surgeon`s office will let you know where to go for your laboratory testing. Most often it is performed at your pre-op visit. The anesthesiologist may order additional testing.

Stop Medications That Increase Bleeding

Your orthopedic surgeon will inform you when to discontinue all anti-inflammatory medications such as: Aspirin, Motrin®, Naproxen, Vitamin E, etc. These medications may cause increased bleeding. If you are taking a blood thinner, you will need special instructions for stopping the medication.

Stop Taking Herbal Supplements

There are herbal supplements that can interfere with other medicines. Check with your doctor to understand if you need to stop taking any of your supplements before surgery.

Examples herbal supplements include, but are not limited to: echinacea, ginkgo, ginseng, ginger, licorice, garlic, valerian, St. John`s wort, ephedra, goldenseal, feverfew, saw palmetto, and kava-kava.

Put Your Health Care Decisions in Writing

It is our policy to place patients` wishes and individual considerations at the forefront of their care and to respect and uphold those wishes.



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What are Advance Medical Directives?

Advance Directives are a documented means of communicating to all care providers the patient's wishes regarding health care. It is used when the patient is no longer able to make his or her wishes known. A patient may have a Living Will or an appointed Health Care Agent. Sutter Santa Rosa Regional Hospital is committed to honoring the wishes of the patient as they are documented at the time the patient was able to make that determination.

There are different types of Advance Directives and you may wish to consult your attorney concerning the legal implications of each.

- LIVING WILLS are written instructions that explain your wishes for health care if you have a terminal condition or irreversible coma and are unable to communicate.
- APPOINTMENT OF A HEALTH CARE AGENT (sometimes called a Medical Power of Attorney) is a document that lets you name a person (your agent) to make medical decisions for you, if you become unable to do so.
- HEALTH CARE INSTRUCTIONS are your specific choices regarding use of life sustaining equipment, hydration and nutrition, and use of pain medications.

On admission to the hospital, you will be asked if you have an Advance Directive. If you do, please bring copies of the documents to the hospital with you so they can become a part of your Medical Record. Advance Directives are not a requirement for hospital admission.

Stop Smoking

It is essential to stop smoking before surgery. Nicotine impairs oxygen circulation to your healing joint causing delay in your healing process. Nicotine reduces the size of your blood vessels and decreases the amount of oxygen circulated in your blood. Nicotine can also increase clotting which can cause problems with your heart. Nicotine increases your blood pressure and heart rate. If you quit smoking before you have surgery, you will increase your ability to heal. If you need help quitting, ask about hospital resources.



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Tips to aid in quitting.

- Decide to quit
- Choose the date
- Cut down the amount you smoke by limiting the area where you can smoke
- Give yourself a reward for each day without cigarettes

When you are ready...

- Throw away all your cigarettes
- Throw away all ashtrays
- Don't smoke in your home
- Don't put yourself in situations where others smoke, like bars and parties
- Remind yourself that this can be done – be positive
- Take it one day at a time – if you slip – just get right back to your decision to quit
- It is highly recommended that everyone in the house also stops smoking.
- For further resources call The California Smokers Help line at 1-800-NO-BUTTS



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Four Weeks before Surgery

Start Iron, Vitamins

Prior to your surgery, you may be instructed by your surgeon to take a multivitamin as well as iron. Iron is a necessary mineral for the proper function of hemoglobin, the protein in red blood cells that carry oxygen.

Importance of Your Coach

The people that you find in your daily life, friends and family, are obviously important to you. In the process of a joint replacement, the involvement of a family, friend or relative acting as your coach is very important. Your coach will be with you from the pre-op process through your stay in the hospital and to your discharge. They will attend the pre-op class, give support during exercise classes, and keep you focused on healing. They will motivate you to continue exercising when you return home, and see that



your home remains safe during your recovery.

Think of who you will appoint as your coach and let them know. They will need to plan ahead.



Read “Understanding Anesthesia”

Total Joint Surgery does require the use of either general anesthesia or regional anesthesia. Please review “Anesthesia” (see Appendix I) provided by our anesthesia department



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Seven to Ten Days before Surgery

Pre-operative Visit to Surgeon

You should have an appointment in your surgeon's office 7-10 days before your surgery. You will also have a Pre-operative assessment with a nurse at Sutter Santa Rosa Regional Hospital 5-7 days prior to surgery.

Surgery time

The pre-op nurse will call you up to one week before your surgery with the time your procedure is scheduled.

Two Nights before Surgery

Take a shower and proceed by wiping with chlorhexidine wipes, as directed by the materials provided by the pre-op nurse.

The Day before Surgery

You will be asked to come to the hospital two hours before the scheduled surgery time. This gives the nursing staff sufficient time to start IV's, prep, and answer questions. It is important that you arrive to the hospital on time. Occasionally, the surgical time is moved up at the last minute and your surgery could start earlier. If you are late, it may create a significant problem with starting your surgery on time. In some cases, lateness could result in moving your surgery to a much later time.

Night before Surgery

Do Not Eat or Drink. Do not eat or drink anything after midnight, EVEN WATER, unless otherwise instructed to do so. Take a shower proceeded by wiping with chlorhexidine wipes, as directed by the materials provided by the pre-op nurse.

Morning of Surgery

Repeat the same skin cleansing process as directed by the materials provided by the pre-op nurse and wear clean laundry.



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What to Bring to the Hospital

Bring personal hygiene items (toothbrush, toothpaste, denture care, deodorant, razor, etc.); watch or wind-up clock, shorts, t-shirts, well-fitted slippers with non-slip soles, and flat shoes or tennis shoes. Please ensure that your family/friends/coach do not take your clothing home as you will need these items the next morning when you work with the occupational therapist. For safety reasons, **DO NOT** bring electrical items. You may bring battery-operated items. **DO NOT** bring any valuables.

You must bring the following to the hospital:

- Your patient Guidebook
- A copy of your advance directives
- Your insurance card, driver's license or photo I.D., and any co-payment required by your insurance company
- Please bring your completed medication list. See page 18 for details.

Special Instructions

You will be given specific instructions from your surgeon regarding medications, skin care, and showering.

- **DO NOT take medication for diabetes on the day of surgery.**
- **Please leave jewelry, valuables, and large amounts of money at home.**
- **Makeup must be removed before your procedure.**
- **Light nail polish may be left on.**

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Personal Medication list

Please follow this chart and fill out a separate sheet of paper with the following information. Please bring to your pre-admit appointment as well as on the day of surgery.

Name:		Family Physician:	
	Instructions	Reason for Therapy	Duration
What is the name of your medication? What is the dosage?	When and how do you take this medication?	Why are you taking this medication?	How long have you been taking this medication?



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Section Three:

General Pre-operative Recommendations



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Start Pre-operative Exercises

Many patients with arthritis favor the painful leg. As a result, the muscles can become weaker making recovery slower and more difficult. For this reason, it is very important to begin an exercise program before surgery as you will learn the exercises at the optimal time and initiate the work toward improving strength and flexibility. This can make recovery faster and easier.

Exercising before Surgery

It is important to be as flexible and strong as possible before undergoing a total hip replacement. Always consult your physician before starting a pre-operative exercise plan. Ten basic exercises are listed here that your physician may instruct you to start doing now and continue until your surgery. You should be able to do them in 15-20 minutes and it is typically recommended that you do all of them twice a day. Consider this a minimum amount of “training” prior to your surgery.

Remember that you need to strengthen your entire body, not just your leg. It is very important that you strengthen your arms by doing chair push-ups (exercise #10) because after surgery you will be relying on your arms to support you when walking with the walker or crutches. You will also rely on your arms for transferring from all surface levels, including bed, chairs, cars and the toilet. You should also exercise your heart and lungs by performing light endurance activities - for example, walking or a stationary bike for 10-15 minutes each day. **STOP any exercise that is too painful.** Be sure you are responding well to the exercise before intensifying your program.

Pre-operative Hip Exercises (See page 51 for written for instructions)

1. Ankle Pumps
2. Quad Sets
3. Gluteal Sets
4. Abduction and Adduction
5. Heel Slides
6. Short Arc Quads
7. Long Arc Quads
8. Standing Heel/Toe Raises
9. Standing Rock Over the Affected Leg
10. Armchair Push-ups



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Breathing Exercises

To prevent potential problems such as pneumonia, it is important to understand and practice breathing exercises. Techniques such as deep breathing, coughing, and using an **Incentive Spirometer** may also help you recover more quickly.

Deep Breathing

- To deep breathe, you must use the muscles of your abdomen and chest.
- Breathe in through your nose as deep as you can.
- Hold your breath for 5 to 10 seconds.
- Let your breath out slowly through your mouth. As you breathe out, do it slowly and completely. Breathe out as if you were blowing out a candle (this is called “pursed lip breathing”). When you do this correctly, you should notice your stomach going in. Exhale should be twice as long as your inhale, 10-20 seconds.
- Take a break and then repeat the exercise 10 times.

Coughing

To help you cough:

- Take a slow deep breath. Breathe in through your nose and concentrate on filling your lungs completely.
- Breathe out through your mouth and concentrate on your chest emptying completely.
- Repeat with another breath in the same way.
- Take another breath, but hold your breath and then cough hard. When you cough, focus on emptying your lungs.
- Repeat all steps twice.



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Prepare Your Home for Your Return from the Hospital

It is important to have your house ready for your arrival back home. Use this checklist as you complete each task.

- Put things that you use often (like an iron or coffee pot) on a shelf or surface that is easy to reach. Items in bottom drawers can be put in a box on top of the dresser.
- Check railings to make sure they are not loose.
- Clean, do the laundry, and put it away.
- Put clean linens on the bed.
- Prepare meals and freeze them in single serving containers.
- Cut the grass, tend to the garden, and finish any other yard work.
- Pick up throw rugs and tack down loose carpeting.
- Remove electrical cords and other obstructions from walkways.
- Install night-lights in bathrooms, bedrooms, and hallways.
- Install grab bars in the shower/bathtub. Put adhesive slip strips in the tub.
- Arrange to have someone collect your mail and take care of pets.



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Section Four: Your Hospital Stay



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Hospital Care

Day of Surgery - What to Expect

- Patients are prepared for surgery including starting an IV and scrubbing your operative site. Your operating room nurse as well as your anesthesiologist may interview you. They may escort you to the operating room where you will see your surgeon or anesthesiologist.
- Your surgery will likely last 2-3 hours.
- Following surgery, you will be taken to a recovery area where you will remain for about one hour. During this time, pain control is typically established, your vital signs monitored, and an x-ray may be taken of your new joint. Depending on the type of anesthesia used, you may experience blurred vision, a dry mouth, and/or chills. The team will work to make you as comfortable as possible.
- You will then be taken to the Joints Plus unit where a joint nurse will care for you. Only one or two very close family members or friends should visit you on this day. Most of the discomfort occurs the first 24 hours following surgery, so during this time, you may be receiving pain medication through your IV.
- You will get out of bed with a Physical Therapist or RN on the day of surgery.
- To prevent blood clots you will have Sequential Compression Devices (SCD) wrapped around the calf muscle of your legs. These wraps provide gentle compression to keep the blood from clotting. In addition it is very important to begin ankle pumps. The goal is to perform ankle pumps 10 times per hour.
- You should also begin using your Incentive Spirometer and doing the deep breathing exercises that you learned in class.
- You will receive “Hip Hints” handout after your surgery outlining what to expect during your stay.

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Understanding Pain

All patients have a right to have their pain managed. Pain can be chronic (lasting a long time) or intense sudden (breakthrough). Pain changes throughout the recovery process. The Joints plus team is here to help manage your pain effectively.

Pain Scale

We use a numerical scale to rate your pain. You will be asked often to rate your pain. If “0” means no pain and “10” means you are in the worst pain possible, how would you rate your pain? Using a number to rate your pain can help the Joint Team understand the severity of your pain and help them make the best decision to manage your pain using the best pain management options.



Your Role in Pain Management

Always communicate how you are feeling to your joint team. With good communication about your pain, the team can make adjustments to make you more comfortable. Sutter Santa Rosa Regional Hospital has an Integrative Health Program that offers many alternatives for pain management and relaxation. Example includes; essential oils, acupuncture and visualization. Many team members have been trained with these techniques. Please ask your nurse or therapist for more information if you are interested.

After Surgery - Day One

Between 6:00 A.M. and 7:00 A.M. on day one after surgery you will be evaluated by your occupational therapist. Your occupational therapist will perform education and adaptive equipment training (if needed) to enable you to perform your daily activities (such as bathing, dressing, and toileting) as safely and independently as possible with your new joint. As part of the evaluation, you will have the opportunity to perform simple bathing, hygiene/grooming, and be able to dress in your own clothes that you have brought in from your home. After which, you will be seated in our recliner chairs for breakfast and to await your physical therapist. The physical therapist will evaluate you (if not done on

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the day of surgery) or continue with mobility, exercises and gait training. Intravenous (IV) pain medication will likely be stopped and you will begin oral pain medication. You will have group therapy led by a physical therapist in the morning and afternoon. Your coach is encouraged to be present as much as possible. Visitors are welcome, preferably late afternoons or evenings.

After Surgery - Day Two

On day 2 after surgery, you will again have the opportunity to perform simple bathing, dressing and functional mobility with your occupational therapist. Your occupational therapist will provide any additional training and equipment recommendations as needed to allow you independence in your home. You will likely be moving much better and need much less assistance on this day. You will have physical therapy in the morning for additional gait training, and you may also begin stair/curb training. Most patients will discharge home on this day. Anticipate discharge by 11:00 A.M. and set-up your ride accordingly.

After Surgery - Day Three

On day three you can again expect to be up early in the recliner. You will work with your physical therapist in the morning and most likely be discharged a short time after your treatment.

Discharge Destinations and Rehab options

Going Directly Home

Most patients will go directly home after their hospital stay. Please arrange for someone to pick you up. You will receive written discharge instructions concerning medications, physical therapy, activity, etc. Remember to take this Guidebook with you. Patients who go directly home will either receive outpatient physical therapy or home health therapy. If when consulting with your orthopedic surgeon outpatient PT is recommended, please schedule your outpatient PT appointment prior to surgery to ensure timely therapy upon discharge from the hospital. If Home Health Services are needed, the hospital will arrange for this.





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Going to a Sub-acute Rehab Facility

The decision to go home or to sub-acute rehab will be made collectively by you, the Joint Care Coordinator, your surgeon, physical therapist, and your insurance company. Every attempt will be made to have this decision finalized in advance but it may be delayed until the day of discharge. The case manager will make arrangement for your transportation.

Your transfer papers will be completed by the Doctor and the case manager. Either your primary care physician or a physician from the sub-acute facility will be caring for you in consultation with your surgeon. Your length of stay will depend on your progress towards functional independence. Upon discharge home, the sub-acute rehab staff will also give instructions to you. Take this Guidebook with you.

Please remember that sub-acute stays must be approved by your insurance company prior to payment. A patient's stay in a sub-acute rehab facility must be done in accordance with the guidelines established by Medicare. Although you may desire to go to sub-acute when you are discharged, your progress will be monitored by your insurance company while you are in the hospital. Upon evaluation of your progress, either you will meet the criteria to benefit from sub-acute rehab or your insurance company may recommend that you return home with other care arrangements. Therefore, it is important for you to make alternative plans pre-operatively for care at home.

In the event sub-acute rehab is not approved by your insurance company, you can go to sub-acute rehab and pay privately. The majority of our patients do so well that they do not meet the guidelines to qualify for sub-acute rehab. Also, keep in mind that insurance companies do not become involved in social issues, such as lack of a caregiver, animals, etc. These are issues you will have to address before admission.



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Section Five:

Managing after your Hospital Stay

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Caring for Yourself at Home

When you go home, there are a variety of things you need to know for your safety, your recovery, and your comfort.

Be Comfortable

- Take your pain medicine at least 30 minutes before physical therapy.
- Gradually wean yourself from prescription medication to a non-prescription pain reliever. You may take Extra-strength Tylenol® analgesic in place of your prescription as recommended by your doctor.
- Change your position every 45 minutes.
- Use ice for pain control. Applying ice to your affected joint will decrease discomfort. It is recommended for at least 20 minutes each hour. You can use it before and after your exercise program. You will have ice packs provided to you on discharge that you can use at home.

Body Changes

- Your appetite may be poor. Drink plenty of fluids to keep from getting dehydrated. Your desire for solid food will return.
- You may have difficulty sleeping, which is normal. Do not sleep or nap too much during the day.
- Your energy level may be decreased for at least the first month.
- Narcotics promote constipation. Use stool softeners or laxatives, if necessary.





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Blood Clots and Anticoagulants

You will be given a blood thinner to help prevent blood clots in your legs. Most patients will have aspirin prescribed to them for blood thinning, unless you are already taking something different. You will need to take it for three to six weeks depending on your individual situation. Be sure to take as directed by your Surgeon.

Blood Thinners

Monitoring the dosage if you are discharged home on Coumadin/Warfarin.

HOME - If you are discharged home on Coumadin/warfarin, the home health nurse will come out twice a week to draw the prothrombin time. These results are called to the Surgeon or pharmacist who will call you that evening to adjust your Coumadin dose.

If you DO NOT utilize home health nursing, then you will have to go to an outpatient medical lab and have the prothrombin time drawn there. The Surgeon or pharmacist will obtain the results and call you to adjust your blood thinner dose.

REHAB - If you are transferred to rehab, the monitoring is usually done two times a week. The physician caring for you at the rehab will adjust the blood thinner dose as necessary. When you are discharged from rehab, home health or outpatient blood monitoring will be arranged by the rehab staff, if necessary.

Compression Stockings

You may be asked to wear special stockings. These stockings are used to help compress the veins in your legs. This helps to keep swelling down and reduces the chance for blood clots.

- If swelling in the operative leg is bothersome, elevate the leg for short periods throughout the day. It is best to lie down and raise the leg above heart level.
- Wear the stockings continuously, removing for one to two hours twice a day.
- Notify your physician if you notice increased pain or swelling in either leg.
- Normally you will wear the stockings for three weeks after surgery. Ask your surgeon when you can discontinue them.

Caring For Your Incision

- Keep your incision clean and dry.
- Staples are usually removed in about 10-14 days after surgery.
- Notify your surgeon if there is increased drainage, redness, pain, odor, or heat around the incision.
- Take your temperature if you feel warm or sick. Call your surgeon if it exceeds 101.5 degrees.
- Consult with your surgeon regarding showering.

Recognizing & Preventing Potential Complications:

- Infection
- Blood Clots in Legs
- Pulmonary Embolus

Infection

Signs of Infection

- Increased swelling and redness at incision site
- Change in color, amount, odor of drainage
- Increased pain in hip
- Fever greater than 101.5 degrees

Prevention of Infection

- Take proper care of your incision as explained.
- Keep dressing clean and dry.
- Please notify your surgeon if you have any signs of infection as described above.
- Notify your physician and dentist that you have a joint replacement.

Blood Clots in Legs

Surgery may cause the blood to slow and coagulate in the veins of your legs, creating a blood clot. This is why you take blood thinners after surgery. If a clot occurs despite these measures, you may need to be admitted to the hospital to receive intravenous blood thinners.

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Signs of Blood Clots in Legs

- Swelling in thigh, calf, or ankle that does not go down with elevation.
- Pain, heat, and tenderness in calf, back of knee or groin area.

NOTE: blood clots can form in either leg.

To Help Prevent Blood Clots

- **PERFORM ANKLE PUMPS-10 times every hour**
- Walk several times a day
- Wear your compression stockings
- Take your blood thinner as directed



Pulmonary Embolus

An unrecognized blood clot could break away from the vein and travel to the lungs. This is an emergency and you should **CALL 911** if suspected.

Signs of a Pulmonary Embolus

- Sudden chest pain
- Difficult and/or rapid breathing
- Shortness of breath
- Sweating
- Confusion

Prevention of Pulmonary Embolus

- Prevent blood clot in legs
- Recognize if a blood clot forms in your leg and call your physician promptly



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Section Six:

Post-operative Activity Guidelines

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Activity Guidelines and Post-op Goals

Exercising is important to obtain the best results from total hip surgery. Always consult your physician before starting a home exercise program. After surgery you will receive exercises from your physical therapist. You will need to train daily with a home exercise program until your goals are reached. After each therapy session, ask your therapist to outline any changes to your program that will keep you moving towards the goals listed on the next few pages.

Weeks 1-2

After two to three days, you should be ready for discharge from the hospital. Most joint patients go directly home, but you may be advised to go to a rehabilitation center. The length of stay will depend on your progress towards functional independence. During weeks one and two of your recovery, typical goals are to:

- Continue with a walker or two crutches unless otherwise instructed.
- Walk at least 300-500 feet with support of an assistive device
- Climb and descend a flight of stairs (12-14 steps) with a rail once a day.
- Independently sponge bath or shower (must have approval from Surgeon before showering) and dress.
- Gradually resume light homemaking tasks.
- Do 20 minutes of home exercises twice a day, with or without the therapist. Follow your home exercise program.



Weeks 2-4

Weeks 2-4 will see you gaining more independence. Even if you are receiving outpatient therapy, you will need to be very faithful to your home exercise program to be able to achieve the best outcome. Your goals for the period are to:

- Achieve one to two week goals.
- Move from full support to a cane or single crutch as instructed by your therapist.
- Walk at least one-quarter mile.
- Climb and descend a flight of stairs (12-14 steps) more than once daily.
- Independently shower and dress.
- Resume homemaking tasks.
- Do 20 minutes of home exercises twice a day with or without the therapist.

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Weeks 4-6

Week's 4-6 will see much more recovery to full independence. Your home exercise program will be even more important as you receive less supervised therapy. Your goals are to:

- Achieve one to four week goals.
- Walk with a cane, single crutch or no support at all.
- Walk one quarter to one half mile.
- Begin progressing on a stair from one foot at a time to regular stair climbing (foot over foot).
- Continue with home exercise program twice a day.

Weeks 6-12

During weeks 6-12 you should be able to begin resuming all of your activities. Check with your Surgeon regarding total hip precautions (posterior hips only). Your goals for this time period are to:

- Achieve one to six week goals.
- Walk with no cane or crutch and without a limp.
- Climb and descend stairs in normal fashion (foot over foot).
- Walk one-half to one mile.
- Improve strength to 80%.
- Resume activities including: dancing, hiking, bowling and golf.



Showering and Driving

Please consult with your surgeon about when you are cleared to perform showering and any specific instructions for covering the incision site during showering. Typically patients will be able to return to driving 2-4 weeks after surgery. However this will depend on which leg you had surgery on, and it is important that you are off all narcotics before returning to driving. Please consult with your surgeon on when you are allowed to resume driving.

Guidebook for Hips

Activities of Daily Living

Anterior approach total hip replacement does not have hip precautions, unless otherwise specified by your surgeon or therapist.

Hip Precautions for posterior hip surgery

Care must be taken to prevent your new hip from coming out of the socket, or dislocating from the pelvis. Following some simple hip precautions will help keep the risk of a dislocation at a minimum. Your doctor will advise you on how long you may need to follow these precautions.

- Do not cross your legs.
- Do not turn your feet inward or outward – keep your toes pointing forward in line with your belly button.
- Do not twist over the operated leg – pick your feet up and do step turns.
- Don't bend at the waist beyond 90 degrees when lying down, sitting, or standing.
- When going into sitting and when going into standing place your surgical side foot slightly in front of you to ensure you are not bending past 90 degrees at your waist.
- Reach back for the surface or push off of the surface with the hand opposite of your surgical side to limit hip flexion to over 90 degrees.
- Avoid low toilets or chairs that would cause you to bend at the waist beyond 90 degrees.
- Do not bend over to pick up things on the floor – use your reacher.
- Do not lie on the surgical hip.



DO NOT cross your legs.



DO NOT bend past 90 degrees.



DO NOT twist.



Guidebook for Hips

Standing up from chair

DO NOT PULL UP ON THE WALKER TO STAND!

Sit in a chair with arm rests when possible. Do not sit on rolling chairs.

1. For posterior hip replacement slide the surgical side foot slightly forward to prevent bending beyond 90 degrees at the hip. **(this does not apply to anterior hips).**
2. Scoot your hips to the edge of the chair
3. Ideally, push up from the surface with the hand opposite to the surgical leg **(does not matter which hand for anterior hips).**
4. Balance yourself before grabbing for the walker.

Stand to sit:

1. Center yourself and back up until you feel the chair against the back of your legs.
2. For posterior hip replacement slide the surgical side foot slightly forward to prevent bending beyond 90 degrees at the hip. **(this does not apply to anterior hips).**
3. Reach back for the arm rest with the hand opposite of your surgical leg and slowly lower yourself. **(does not matter which hand you reach back with for anterior hips).**
4. Slowly lower your body to the chair, keeping the operated leg forward as you sit.

Transfer – Bed

When getting into bed:

1. Back up until you feel the bed against the back of your legs.
2. Reach back with the hand opposite of your surgical leg and slide the surgical foot slightly forward and lower yourself onto the bed. **(anterior hips do not need to slide their surgical leg forward).**
3. Move your walker out of the way, but keep it within reach.
4. Scoot your hips around so that you are facing the foot of the bed.
5. Lift your leg into the bed while scooting around (if this is your surgical leg, you may use a leg-lifter, a rolled bed sheet, a belt, or your elastic band to assist with lifting that leg into bed).
6. Keep scooting and lift your other leg into the bed using the assistive device if needed. For anterior hips you may use your non-surgical leg to assist moving your surgical leg, for posterior hip replacements do not allow surgical side thigh to cross midline.
7. Scoot your hips towards the center of the bed.

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Back up until you feel your leg on the bed.



Sit keeping your knee lower than your hip.



Scoot back on the bed, lifting the leg on the bed.

Lying in Bed – how to maintain hip precautions (for posterior hips only)



Keep a pillow between your legs when lying on your back. Position your leg such that your toes are pointing to the ceiling – not inward or outward.



To roll from your back to your side, bend your knees slightly, and place a large pillow (or two) between your legs so that your operated leg does not cross the midline. Roll onto your side.

When getting out of bed:

1. Scoot your hips to the edge of the bed.
2. Sit up while lowering your non-surgical leg to the floor. Scoot to the edge of the bed.
3. Push up from the bed with the hand opposite your surgical leg (**does not matter which hand for anterior hips**).

Transfer - Tub

Getting into the tub using a bath seat:

1. Select a bath seat that is tall enough to ensure hip precautions (if applicable) can be followed.
2. Place the bath seat in the tub facing the faucets.
3. Back up to the tub until you can feel it at the back of your knees. Be sure you are in line with the bath seat.
4. Reach back with one hand for the bath seat. Keep the other hand in the center of the walker.
5. Slowly lower yourself onto the bath seat, keeping the surgical leg out straight.
6. Move the walker out of the way, but keep it within reach.
7. Lift your legs over the edge of the tub, using a leg lifter for the surgical leg, if necessary. **Hold onto the shower seat or railing.**

NOTE:

- Although bath seats, grab bars, long-handled bath brushes, and hand-held showers make bathing easier and safer, they are typically not covered by insurance.
- Use a rubber mat or non-skid adhesive on the bottom of the tub or shower.
- To keep soap within easy reach, make a soap-on-a-rope by placing a bar of soap in the toe of an old pair of pantyhose and attach it to the bath seat.

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Getting out of the tub using a bath seat:

1. Lift your legs over the outside of the tub. Scoot to the edge of the bath seat.
2. Push up with one hand on the back of the bath seat while holding on to the center of the walker with the other hand.
3. Balance yourself before grabbing the walker.



Walking

1. Stand up straight, elbows should be slightly bent. Walker handle height should be at wrist height when arms are comfortably at your side.
2. Push walker forward, keeping your eyes on the horizon
3. Step forward first with the surgical leg.
4. Then step forward with the non-surgical leg. As you step forward with the non-surgical leg you can transfer weight through your arms on the walker as needed to limit the load on your surgical leg
5. Goal is for equal, well controlled step lengths.
6. Stay within the frame of the walker as you are moving. You do not want to be too close to the front of the walker or too far away from the walker.

NOTE: Keep the walker in contact with the floor, pushing it forward like a shopping cart.

NOTE: If using a rolling walker, you can advance from this basic technique to a normal walking pattern. Holding onto the walker, step forward with the surgical leg, pushing the walker as you go; then try to alternate with an equal step forward using the non-

Guidebook for Hips

operated leg. Continue to push the walker forward as you would a shopping cart. When you first start, this may not be possible, but as you “loosen up” you will find this gets easier. Keep the walker in close proximity to allow braking as needed.

Stair climbing

1. Ascend with non-surgical leg first (Up with the good).
2. Descend with the surgical leg first (Down with the bad).
3. Always hold onto the railing!
4. Angle your body so your feet are pointed slightly toward the rail/support side, this helps with stability.
5. Coaches angle your feet toward the support and always be below the patient. Follow them up and lead them down with feet in a staggered balanced stance and knees slightly bent.

Transfer – Car

Getting into the car:

1. Push the car seat all the way back and recline the seat back to allow easy entry and exit.
2. Back up to the car until you feel the seat behind you.
3. Hold on to an immovable object (car seat, dashboard or overhead handle) and slide the surgical side foot slightly forward. MIND YOUR HEAD as you sit down. Slowly lower yourself to the car seat and then scoot yourself further back in the seat.
4. Lean back as you lift the operated leg into the car. You may use your cane, leg lifter or other device to assist.



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Personal Care - Using a “reacher” or “dressing stick.” For posterior hip replacements your OT will teach you how to use a reacher or dressing stick to assist with lower body dressing to prevent bending forward beyond 90 degrees. For anterior hips replacements your OT will help determine which, if any, adaptive equipment is necessary.

Putting on pants and underwear:

1. Sit down.
2. Put your surgical leg in first and then your non-surgical leg. If you have a posterior hip replacement you will need to use a reacher or dressing stick to guide the waistband over your foot to prevent bending forward at the hip beyond 90 degrees.
3. Pull your pants up over your knees (using the reacher if needed) within easy reach or until you are able to reach without bending past 90 degrees (posterior hips only).
4. Stand with the walker in front of you to pull your pants up the rest of the way.

Taking off pants and underwear:

1. Back up to the chair or bed where you will be undressing.
2. Unfasten your pants and let them drop to the floor. Push your underwear down to your knees.
3. Lower yourself down, keeping your surgical leg out straight.
4. Take your non-surgical leg out first and then the surgical leg.

A reacher or dressing stick can help you remove your pants from your foot and off the floor. For posterior hip replacements the use of a reacher or dressing stick will be necessary to avoid bending past 90 degrees at your hip.



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How to use a sock aid:

1. Slide the sock onto the sock aid. Ensure the sock is not pulled over the knots of the cords.
2. Hold the cord and drop the sock aid in front of your foot. It is easier to do this if your knee is bent.
3. Slip your foot into the sock aid.
4. Straighten your knee, point your toes and pull the cords. Keep pulling on the cords until the sock is on your foot and the sock aid pulls out.



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If using a long-handled shoehorn:

1. Use your reacher, dressing stick, or long handled shoehorn to slide your shoe in front of your foot.
2. Place the shoehorn inside the shoe against the back of the heel. Have the curve of the shoehorn match the curve of your shoe.
3. Lean back, if necessary, as you lift your leg and place your toes in your shoe.
4. Step down into your shoe, sliding your heel down the shoehorn.

NOTE: This can be performed sitting or standing. Wear sturdy slip-on shoes, or shoes with Velcro closures or elastic shoelaces. DO NOT wear high-heeled shoes or shoes without backs. No flip flops.



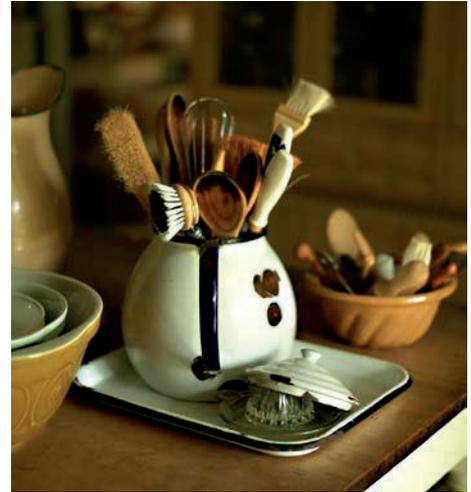
Guidebook for Hips

Around the House

Saving energy and protecting your joints

Kitchen

- **Do NOT** get down on your knees to scrub floors. Use a mop and long-handled brushes.
- Plan ahead! Gather all your cooking supplies at one time. Then, sit to prepare your meal.
- Place frequently used cooking supplies and utensils where they can be reached without too much bending or stretching.
- To provide a better working height, use a high stool, or put cushions on your chair when preparing meals.



Bathroom

- Do NOT get down on your knees to scrub the bathtub.
- Use a mop or other long-handled brushes.

Safety and Avoiding Falls

- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to the floor or that have non-skid backs.
- Be aware of all floor hazards such as pets, small objects, or uneven surfaces.
- Provide good lighting throughout your home. Install nightlights in the bathrooms, bedrooms, and hallways.
- Keep extension cords and telephone cords out of pathways. Do NOT run wires under rugs, this is a fire hazard.
- Do NOT wear open-toe slippers or shoes without backs. They do not provide adequate support and can lead to slips and falls.
- Sit in chairs with arms. It makes it easier to get up.
- Rise slowly from either a sitting or lying position to avoid getting light-headed.
- Do not lift heavy objects for the first three months and then only with your surgeon's permission.

Guidebook for Hips

Do's and Don'ts

Whether you have reached all the recommended goals in three months or not, you need to have a regular exercise program to maintain the fitness and the health of the muscles around your joints. With both your orthopedic and primary care physicians' permission, you should be on a regular exercise program three to four times per week lasting 20-30 minutes. Impact activities such as running and singles tennis may put too much load on the joint and are not recommended. High-risk activities such as downhill skiing are likewise discouraged because of the risk of fractures around the prosthesis and damage to the prosthesis itself.

What to Do for Exercise

Choose a Low Impact Activity

- Recommended exercise classes
- Home program as outlined in your Patient Guidebook
- Regular one to three mile walks
- Home treadmill (for walking)
- Stationary bike
- Aquatic exercises
- Regular exercise at a fitness center
- Low-impact sports such as golf, bowling, walking, gardening, dancing, swimming etc. Consult with your surgeon or physical therapist about returning to specific sport activities.



What Not to Do

- Do not run or engage in high-impact activities, or activities that require a lot of starts, stops, turns and twisting motions.
- Do not participate in high-risk activities such as contact sports, etc.
- Do not take up new sports requiring strength and agility until you discuss it with your surgeon or physical therapist.



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Section Seven: Helpful Resources



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Recommended Exercise Classes

Arthritis Foundation Aquatic Program www.arthritis.org/northern-california Program participants are led by certified aquatic fitness professionals through a series of specially designed exercises that, with the aid of the water's buoyancy and resistance, can help improve joint flexibility and muscular strength. The warm water (86-93 degrees) and gentle movements can also help to relieve pain and stiffness. The Arthritis Foundation has developed the program and your physician's permission is required.

Locations: Santa Rosa 707-545-9622. (Sonoma and Lakeport locations also)

For more information, please call: (707) 576-4956

Here is a list of reputable sites to refer to:

- <http://www.sutterhealth.org/orthopedics/>
- <http://www.orthoinfo.aaos.org>

Guidebook for Hips

Anatomical Views of the Hip



Healthy Hip



Diseased Hip

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The Importance of Lifetime Follow-up Visits

Over the past several years, orthopedic surgeons have discovered that many people are not following up with their surgeons on a regular basis. The reason for this may be that they do not realize they are supposed to, or they do not understand why it is important.

So, when should you follow up with your surgeon?

These are some general rules:

- Every 2-4 years, unless instructed differently by your physician.
- Anytime you have pain for more than a week.

We are happy that most patients do so well that they do not think of us often. However, we enjoy seeing you and want to continue to provide you with the best care and advice. If you are unsure how long it has been or when your next visit should be scheduled, call your doctor. We will be delighted to hear from you.



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Pre- and Post-op Exercises

Range of Motion and Strengthening Exercises

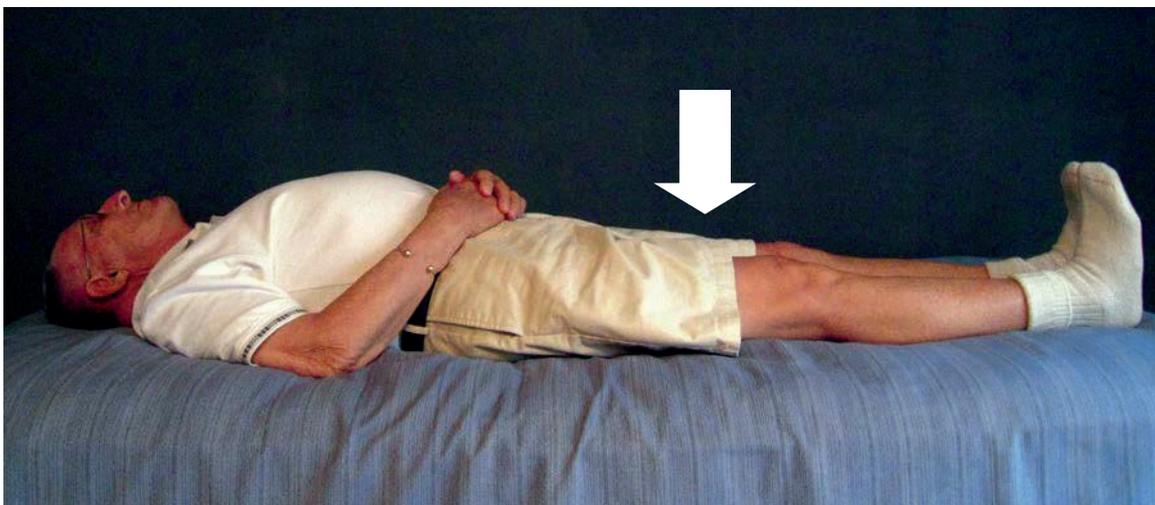
(1) Ankle Pumps

Flex and point your feet. **Perform 10 reps after surgery every hour**



(2) Quad Sets - (Knee Push-Downs)

While lying on your back, press knees into the mat by tightening the muscles on the front of the thigh (quadriceps). Hold for a 5 count. Do NOT hold breath. **Perform 20 reps**



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(3) Gluteal Sets - (Bottom Squeezes)

Squeeze buttocks together. Hold for a 5 count. Do NOT hold breath.
Perform 20 reps.



(4) Hip Abduction and Adduction - (Slide Heels Out and In)

Back lying, with toes pointed to ceiling and knees straight. Tighten the thigh muscles and slide leg out to the side and back to the starting position. **DO NOT CROSS MIDLINE!** After surgery, your therapist will advise you on how and when to start this exercise. **Perform 30 reps**



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(5) Heel Slides - (Slide Heels Up and Down)

While lying on your back; slide your heel up, bending your knee then slide back down to starting position.

Perform 30 reps.



(6) Short Arc Quads

While lying on your back, place a 6-8 inch roll under the knee. Lift the foot from the surface, straightening the knee as far as possible. Do not raise thigh off roll.

Perform 30 reps.



Guidebook for Hips

(7) Knee Extension - Long Arc

Sit with back against chair and thighs fully supported. Lift the affected foot up, straightening the knee. **Do not raise thigh off of chair.** Hold for a 5 count.

Perform 2 sets of 15 reps.



(8) Standing Heel / Toe Raises

Stand, with a firm hold on the kitchen sink. Rise up on toes then back on heels. Stand as straight as possible! **Perform 2 sets of 15 reps.**



Guidebook for Hips

(9) Standing Rock Over Affected Leg

Stand sideways to the kitchen sink and hold on. Keep the affected leg and heel firmly planted on the floor; step forward with the other leg to feel a slight stretch in the calf and thigh; step back. Concentrate on shifting your weight to the affected side and on equal step distance. **Perform 10 forward and 10 back.**



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(10) Armchair Push-ups

Sitting in a sturdy armchair with feet flat on the floor, scoot to the front of the seat and place your hands on the armrests. Straighten your arms raising your bottom up from the seat as far as possible. Use your legs as needed to help you lift. As you get stronger, progress to using only your arms and the “non-operated” leg to perform the push-up. This will be how you will get up from a chair after surgery. Do not hold your breath or strain too hard.

Perform 2 sets of 15 reps.



Guidebook for Hips

Advanced Exercises

To be added by the therapist after surgery.

Standing Quadricep stretch

Balance safely using hands as needed. Place surgical side foot on low stool chair surface to stretch front of thigh. Stretch can also be achieved by using a towel around your ankle as pictured below. Hold for 30-60 seconds. **Perform 8-10 reps daily.**



Abduction (Clamshell)

Lie on the unaffected side, with a pillow in between the legs to keep the affected top leg from crossing the midline. Knees should be slightly bent. Keeping the feet on the surface, open and close the knees like a clam opens and closes the shell. Perform these until you are able to perform abduction with knee straight. **Perform 2 sets of 15 reps.**



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Abduction with Knee Straight

Lie on the unaffected side, with a pillow in between the legs to keep the affected top leg from crossing the midline. Tighten the hip and thigh muscles and lift the leg toward the ceiling. Avoid rolling forward and back and try to keep the leg back out of your peripheral vision.

Perform 2 sets of 15 reps



Bridges

While lying on your back with the knees bent and feet flat on the surface; push down on your feet as you tighten the buttocks and hamstring muscles and lift the hips from the surface. Concentrate on pushing equally through both feet. Hold for a 5 count then return to start position. **Perform 2 sets of 15 reps**



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Wall Slides

With feet shoulder width apart and back to the wall slide down the wall. **Do not go past 90 degrees of hip flexion. Your therapist will guide you on how far to slide down the wall. Make sure your knees do not go over your toes.** Keep a chair perpendicular to the wall for safety as needed.

Perform 2 sets of 15 reps.



Standing Marches – Balance Practice

Standing, holding on to the sink, slowly lift the operated knee, concentrating on your support leg balance. Balance/hold for 10 seconds. Repeat by standing on the operated leg concentrating on your balance. As you progress, hold very lightly with your fingertips, then eventually to holding hands just above the sink. Progress to doing with eyes closed.

Perform 30 reps



Guidebook for Hips

Standing Hip and Knee Extension

Standing against the wall, with feet about 4-6 inches out, place a 6-8" ball behind your knee. Push the ball into the wall by tightening the hip and quadriceps muscle.

Perform 2 sets of 15 reps.



Guidebook for Hips

Advanced Stair Exercises

** To be started 6-24 weeks after surgery and performed with your physical therapist who will instruct you the step height on which to start.*

Single Leg Forward Step-up

Hold onto the stair railing – place the affected foot on the first step. Step up on the stair with the affected leg. Return to the start position. You may need to begin with a 2-4 inch step (book/block) and progress to higher step as tolerated.

Perform 2 sets of 15 reps.



Guidebook for Hips

Single Leg Lateral Step-up

Place the railing, with the affected leg nearest the step; holding onto the railing, place the foot on the step and slowly step up lifting the unaffected leg from the floor; slowly lower the foot to the start position. You may need to begin with a 2-4 inch step and progress to the higher step as tolerated.

Perform 2 sets of 15 reps.



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Retro Leg Step-Up

Stand, with your back to the steps and holding the railing. Place the affected foot on the step and step up backwards until the other foot is on the step. Return to the start position by lowering the unaffected leg back down to the floor. You may need to begin with a 2-4 inch step and progress to the higher step as tolerated.

Perform 2 sets of 15 reps



Guidebook for Hips

Frequently Asked Questions

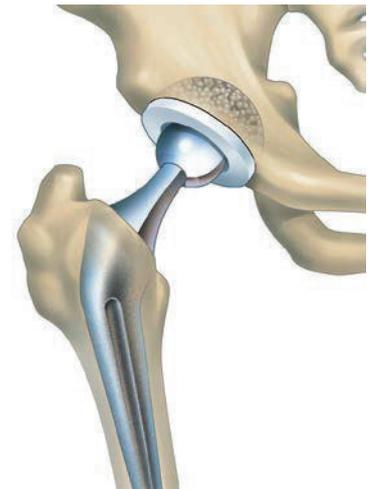
We are glad you have chosen SSRRH Joints Plus to care for your hip. People facing joint surgery often have the same questions. If there are any other questions that you need answered, please ask your surgeon or the Joint Care Coordinator. We are here to help.

What is osteoarthritis and why does my hip hurt?

Joint cartilage is a tough, smooth tissue that covers the ends of bones where joints are located. It helps cushion the bones during movement, and because it is smooth and slippery, it allows for motion with minimal friction. Osteoarthritis, the most common form of arthritis, is a wear and tear condition that destroys joint cartilage. Sometimes, as the result of trauma, repetitive movement, or for no apparent reason, the cartilage wears down, exposing the bone ends. Over time, cartilage destruction can result in painful bone-on-bone contact, along with swelling and loss of motion. Osteoarthritis usually occurs later in life and may affect only one joint or many joints.

What is total hip replacement?

The term total hip replacement is somewhat misleading. The hip itself is not replaced, as is commonly thought, but rather an implant is used to re-cap the worn bone ends. The head of the femur is removed. A metal stem is then inserted into the femur shaft and topped with a metal or ceramic ball. The worn socket (acetabulum) is smoothed and lined with a metal cup and either a plastic, metal, or ceramic liner. No longer does bone rub on bone, causing pain and stiffness.



How long will my new hip last and can a second replacement be done?

All implants have a limited life expectancy depending on an individual's age, weight, activity level, and medical condition(s). A total joint implant's longevity will vary in every patient. It is important to remember that an implant is a medical device subject to wear that may lead to mechanical failure. While it is important to follow all of your surgeon's recommendations after surgery, there is no guarantee that your particular implant will last for any specified length of time.



Guidebook for Hips

What are the major risks?

Most surgeries go well, without any complications. Infection and blood clots are two serious complications. To avoid these complications, your surgeon may use antibiotics and blood thinners. Surgeons also take special precautions in the operating room to reduce the risk of infection.

How long will I be in the hospital?

You will probably get out of bed with your physical therapist or nurse on the day of surgery. The next morning, most patients will get up, sit in a chair or recliner, and should be walking with a walker or crutches. Most hip patients will be hospitalized for one to three days after surgery. There are several goals that must be achieved before discharge.

What if I live alone?

Three options are available to you. You may return home and receive help from a relative or friend. You can have a home health nurse and physical therapist visit you at home for two to three weeks. You may also stay in a sub-acute facility following your hospital stay if meet specific criteria for a skilled level of care. It is also insurance dependent.

What happens during the surgery?

The hospital reserves approximately two to three hours for surgery. Some of this time will be taken by the operating room staff to prepare for surgery. You may have a general anesthetic, which most people call “being put to sleep.” Some patients prefer to have a spinal or epidural anesthetic, which numbs the legs and does not require you to be asleep. The choice is between you, your surgeon, and the anesthesiologist. For more information, read “Anesthesia” in your Guidebook Appendix.

Will the surgery be painful?

You will have discomfort following the surgery, but our joint team will keep you as comfortable as possible with the appropriate medication. After surgery, most patients’ pain will be controlled by IV and oral pain meds. For more information, read “Understanding Anesthesia” in this Guidebook.



Guidebook for Hips

How long and where will my scar be?

There are a number of different techniques used for hip replacement surgery. The type of technique will determine the exact location and length of the scar. The traditional approach is to make an incision lengthwise over the side of the hip. Your surgeon will discuss which type of approach is best for you. Please note that there may be some numbness around the scar after it is healed. This is perfectly normal and should not cause any concern. The numbness usually disappears with time.

Will I need a walker, crutches, or a cane?

Your equipment needs will be determined by the therapist staff. Most equipment can be issued to you directly at the hospital.

How long will I need a walker?

Patients progress at their own rate. Normally we recommend that you start with a two wheeled walker. A good general rule is to continue utilizing the walker until your limp has dissipated. Your PT can help progress you when it's appropriate to advance to the next device.

When can I drive?

Typically you will be able to drive 2-4 weeks post-op. However, you must be off all narcotics and be cleared by your surgeon prior to driving.

When can I go swimming or in a hot tub?

The incision site has to be completely healed before it can be submerged. Please check with your surgeon prior to participating in these activities.

Where will I go after discharge from the hospital?

Most patients are able to go home directly after discharge. Some patients may transfer to a sub-acute facility. The length of stay will depend on your progress towards functional independence. The case manager will help you with this decision and make the necessary arrangements. You should check with your insurance company to see if you have sub-acute rehab benefits.

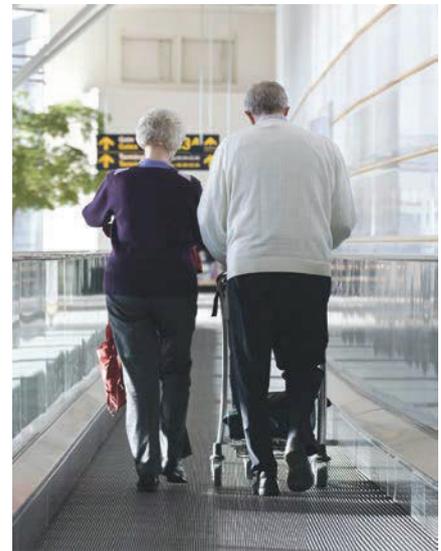
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Will I need help at home?

Yes for the first few days or weeks, depending on your progress, you will need someone to assist you with meal preparation, driving etc. If you go directly home from the hospital, the case manager will arrange for a home health nurse/ physical therapist to come to your house as needed. A family or a friend needs to be available to help if possible. Preparing ahead of time, before your surgery, can minimize the amount of help needed. Having the laundry done, house cleaned, yard work completed, clean linens put on the bed, and single portion frozen meals will help reduce the need for extra help.

Will I need physical therapy when I go home?

Yes, you will have either outpatient or in-home physical therapy. Patients are encouraged to utilize outpatient physical therapy. If outpatient PT is ordered please schedule the appointment prior to surgery. If you need home physical therapy the discharge planner will arrange this for you. Following this, you may go to an outpatient facility three times a week to assist in your rehabilitation. The length of time for this type of therapy varies with each patient.



Will my new hip set off security sensors when traveling?

Your joint replacement is made of a metal alloy and may or may not be detected when going through some security devices. Inform the security agent you have a metal implant. The agent will direct you on the security screening procedure. Medic alert cards are not required.

When can I have sex?

Typically you will be able to return to sexual activity between 4-6 weeks. However, it is advised that you get clearance from your surgeon before.



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Appendix

Appendix I

Who are the anesthesiologists?

The Operating Room and Post Anesthesia Care Unit (PACU) in the hospital are staffed by Board Certified or Board Eligible physician anesthesiologists who have completed a residency program of at least 4 years after completing medical school. Each anesthesiologist has been independently credentialed and has privileges at this hospital. If you would like to speak to an anesthesiologist prior to surgery, you can coordinate this with your preadmission hospital patient interview at **(707) 576-4460**. If you have specific anesthesia concerns related to your surgery, then you can contact anesthesia administrative office at **(707) 522-1800**.

What types of anesthesia are available?

Decisions regarding your anesthesia are tailored to your needs as well as to those of your surgeon. Anesthesia for total joints can involve a combination of different types of anesthesia to maximize postoperative pain control and to reduce nausea. The types of anesthesia available are:

General Anesthesia provides for the loss of consciousness.

Regional Anesthesia involves the injection of local anesthetic to provide numbness, loss of pain and sensation to a region of your body. Regional anesthetic techniques include spinal blocks, epidural blocks and peripheral nerve blocks of the arm or leg.

Monitored Anesthesia Care (MAC) provides sedation to relax you in combination with local anesthetic injected by your surgeon or in combination with regional anesthesia.

What to expect from your peripheral nerve block of the arm or leg.

Many different nerves can be blocked for different surgeries. Nerves control movement. They can also sense pain, temperature and position. When these nerves are blocked, patients may feel a sensation of weakness, numbness or “heaviness.” You may also notice tingling, “pins and needles,” or a feeling that your limb “has fallen asleep.” Depending on the local anesthetic used, a nerve block may last anywhere between 12 to 36 hours for a single injection. Usually weakness wears off first, followed by numbness/tingling sensation and a feeling of “heaviness.” Pain usually follows and can occur within 60 minutes. We recommend that you take pain medication when you notice the “pins and needles” sensation from your peripheral nerve block. If your single injection block lasts more than 48 hours then please contact the nurse or surgeon so that an anesthesiologist can evaluate you.



Guidebook for Hips

Total Hip Replacement: Peripheral nerve blocks for this procedure are very rare. Regional anesthesia from a spinal block is most common. You can expect to have reduced pain while lying in bed for the first 12-18 hours after a spinal block with narcotics.

Will I have any side effects?

Your anesthesiologist will discuss the risks and benefits associated with different anesthetic options and any complications or side effects that may occur. Common side effects are nausea, vomiting and sore throat. Medications to treat nausea and vomiting will be given if needed. If you have a strong history of nausea and vomiting with general anesthesia, please emphasize this in your patient interview and to your anesthesiologist. The amount of discomfort you will experience will depend on several factors including the type of surgery. Your doctors and nurses will do everything possible to relieve pain and to keep you safe. Your discomfort should be minimal but do not expect to be pain free. The staff will teach you the pain scale to better assess your pain level.

What will happen before my surgery?

You will conduct a patient interview with a trained preadmission nurse. You will meet your anesthesiologist immediately before your surgery. Your anesthesiologist will review all information needed to evaluate your general health. This will include your medical history, laboratory test results, allergies and current medications. With this information, the anesthesiologist will determine the type of anesthesia best suited for you. He or she will also answer any questions you may have. Your surgeon will mark the limb that is to be operated on and the surgical nurses will review your consent, medical history, medications and allergies. Intravenous (IV) fluids will be started and preoperative medications will be started if necessary.

During surgery, what does my anesthesiologist do?

Once in the operating room, monitoring equipment such as a blood pressure cuff, ECG and other devices will be placed on for your safety. At this point, you will be ready for anesthesia. Your anesthesiologist is responsible for your comfort and well being before, during and immediately after your surgery. In the operating room, your anesthesiologist will manage vital functions, including heart rate and rhythm, blood pressure, body temperature and breathing. The anesthesiologist is also responsible for fluid and blood replacement when necessary.



Guidebook for Hips

What can I expect after the surgery?

After surgery, you will be taken to the Post Anesthesia Care Unit (PACU). Here, specially trained nurses will watch you closely. During this period, you may be given extra oxygen and your breathing and heart functions will be observed closely under the direction of your anesthesiologist.

May I choose an anesthesiologist?

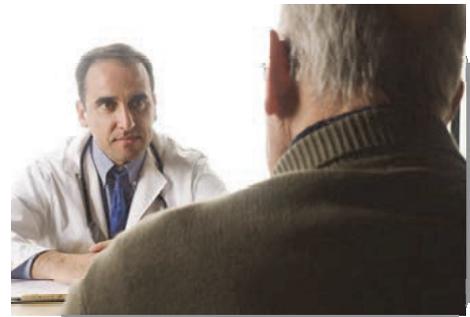
Every anesthesiologist you encounter is highly qualified and trained. We will make every effort to ensure that your care meets your individual needs physically and mentally. If you have any specific anesthesia questions related to your upcoming surgery, please utilize our anesthesia consults that are available through the hospital preadmission nurses at (707) 576-4460. If you have further questions about your insurance coverage or medical plan participation by the anesthesiologist, please contact your insurance company for guidance. For other concerns, you may call their anesthesia administrative office at (707) 522-1800.

Wound Care

- Keep your incision and dressing clean and dry
- You may shower if instructed to do so by your orthopedic surgeon
- To reduce pain and swelling elevate your leg 4-5 times per day above your heart
- Use your cold therapy wrap, 20 minutes on, 20 minutes off. May use towel between wrap and skin

When to Call your Doctor

- Temperature over 101.5, not relieved by acetaminophen (such as Tylenol®)
- Excess redness or foul smelling drainage from your incision site
- Increase in Pain on your operated leg not relieved by current pain regimen
- Leg or calf pain that is sudden in either leg
- Swelling not relieved by elevation



CALL 911

- For any sudden shortness of breath
- Chest pain or pressure
- Any change or weakness in your arms or legs, slurred speech, and or facial droop.

General Instructions

- Do your ankle pumps and exercises that you were taught prior to discharge. This helps to reduce swelling, improves circulation and helps to prevent blood clots.
- Take medications as prescribed by your surgeon and primary care physician. Follow all labels on prescribed medications carefully.
- DO NOT drive or operate any machine while taking narcotic pain medications until cleared by your surgeon.
- **Continue with a Bowel Care Regimen.** You may take an over the counter laxative such as Colace ® (docusate sodium) or Milk of Magnesia for constipation while on narcotics.



Guidebook for Hips

Activity Reminders

- Follow all activity precautions and exercises taught to you by the Therapist.
- Remember your hip precautions when dressing and bathing (for posterior approach)
- Sit for rest breaks as needed.
- Use your reacher to pick up objects on the floor, items from low drawers, and laundry from dryer or basket.
- Slide objects along the countertop rather than carrying them.
- Attach a bag or basket to your walker or wear a fanny pack to carry small items.
- Don't forget to remove all throw rugs and long electrical cords to avoid tripping in your home.
- Watch out for slippery/wet areas on the floor. Use rubberized bath mats outside shower or bath.
- Remember to apply nonskid strips to the floor of your shower stall or bathtub and install grab bars to the entrance and wall of shower/tub for safety and fall prevention.
- Installing a hand held shower hose enables you to follow your precautions more easily.
- You can use a sturdy chair with arms by your bed to get dressed in the morning.
- Do you remember how to properly adjust the height of the commode for total hip surgery precautions?
- When traveling, stop and change positions hourly to prevent your joint from tightening.



Guidebook for Hips

Glossary

Abdomen: the part of the body commonly thought of as the stomach; it is situated between the hips and the ribs.

Ambulating/ Gait: walking.

Assistive Devices: walker, crutches, cane or other device, to help you walk.

Compression Stockings: special stockings that encourage circulation.

Dorsiflexion: bending back the foot or the toes.

Dressings: bandages.

Embolus: blood clot that becomes lodged in a blood vessel and blocks it.

Incentive Spirometer: breathing tool to help you exercise your lungs.

Incision: wound from your surgery.

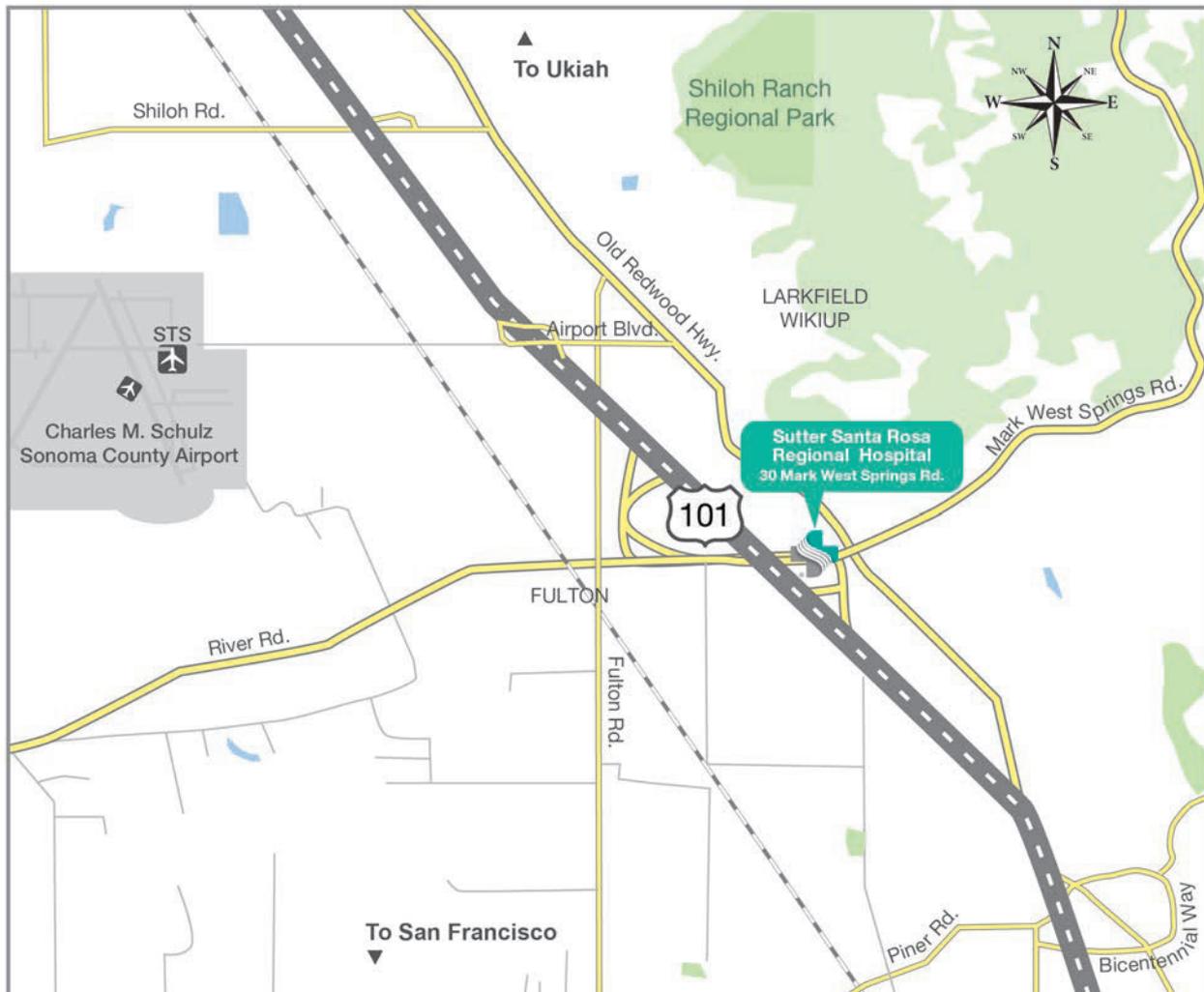
Osteolysis: a condition in which bone thins and breaks down.

OT: occupational therapy.

Prothrombin: a protein component in the blood that changes during the clotting process.

PT: physical therapy.

Guidebook for Hips



How to Find Us

From the North (Ukiah)

Take US 101 South toward Santa Rosa
Take the exit toward Calistoga
Turn left onto River Road
Continue onto Mark West Springs Road
(SSRRH will be on the right)

From the South (San Francisco) Take US-101 toward Santa Rosa

Take the River Road exit toward Guerneville
Turn right onto Mark West Spring Road
SSRRH will be on the right